



INDIVIDUAL ARTIST FINAL REPORT (2026)

Project Name:

Statewide Community Re-grants
Auburn Public Theater
PO Box 771
8 Exchange Street
Auburn, NY 13021
Dominic Gambaiani, SCR
Coordinator
dominic@auburnpublictheater.org
315-253-6669
www.auburnpublictheater.org



ARTIST'S INFORMATION

Artist's Name			Report Date
Mailing Address	City	County	Zip Code
Email Address		Phone Number	
Amount of Grant	Project Dates		
Project Title			

Please answer the following questions. Project photos, promotional materials, letters to State Legislators and financial information should also accompany your final report.

1. Please describe the project for which your organization was funded through Statewide Community Re-grants and the extent to which the contract agreement was met. *Please attach photos of the project.*

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2. Did you change your project (relevant facts, estimates, projections, etc.) as outlined in your application or agreement? If so, please list and explain them here. Did the SCR Coordinator approve these changes?

3. How was the project publicized? *Please attach copies of press coverage and other promotional materials, (e.g. posters, programs).*

4. Did any other artists participate? If so, please list artists' names and disciplines.

5. Approximately how many people were in the audience/workshop?

6. What was the demographic breakdown of your group? Please estimate how many of your audience members/participants belonged to each of the following groups.

People with disabilities		Asian	
At-risk youth		American Indian/Alaska Native	
Youth (total)		Black/African American	
Senior Citizens		Hispanic/Latino	

7. Describe, as best as you can, the audience/participants in terms of other demographic factors (age, gender, income, place of residence, etc.).

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8. Give a general breakdown of how the grant funds were spent. *Please attach a final budget and/or treasurer's report as well as copies of receipts, checks and/or invoices – do not send originals.*

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9. Did this project assist you in your career? Please elaborate.

10. How can Statewide Community Re-grants at Auburn Public Theater, and specifically the Individual Artists Grant program, be improved to serve you and/or others better in the upcoming funding years?

11. If possible, please provide the names and contact information for anyone who might be interested in serving as grants panelists. Thank you!

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Final Report Budget

PROJECT EXPENSES List ALL expense items	Amount Covered by the grant	Amount <i>Not</i> covered by the grant	Total Cost
1. Artistic Fees			
2. Technical Fees			
3. Marketing			
4. Travel			
5. Hospitality			
6. Equipment Rental			
7. Space			
8. Supplies			
9. Postage			
10. Other:			
11. Other:			

12. Other:			
TOTAL PROJECT EXPENSES	\$	\$	\$
PROJECT INCOME List ALL Funding Sources for this Project	AMOUNT CASH	AMOUNT IN-KIND	TOTAL INCOME
1. INDIVIDUAL ARTIST GRANT			
2. Admission Fees			
3. Membership/Dues			
4. Workshops/Sales			
5. Contributions (Individual)			
6. Contributions (Corporate)			
7. Other Grants (List):			
8. Other (explain):			
TOTAL PROJECT INCOME	\$	\$	\$

I hereby certify that I performed the services as stated in the original funding agreement with the Decentralization Program as has done so during the period agreed upon in accordance with submitted or revised and approved budgets.	
Signature of Artist	Date
Typed Name of Artist	